BEHAVIORAL AND EMOTIONAL DEVELOPMENT OF CHILDREN IN A CUMULATIVE RISKY AND STRESSFUL ENVIRONMENT

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Abstract:

Childhood is a stage's life marked by essential psychosocial transformations that occur amid rapid pubertal growth such as identity formation, individuation from parents, and the establishment of intimate friendships. However, tension is normative when the individual goes through different changes; but, children are often faced by risks for adjustment difficulties if this developmental change is accompanied by an accumulation of stressors spanning multiple spheres of the adolescent's life (Call & Mortimer, 2001). Recognizing that the environment of the child makes a difference in how that child learns and grows, the study of child development is a well-established social science discipline that intersects with a number of other disciplines. The theoretical perspective taken toward behavioral and emotional development in childhood is a combination of functionalist theory and dynamical systems theory (Saami, 2008). Qualitative analysis and documentary research method have been used for data collection and desk review. The results of this research showed that a child's encounters with an environment can be seen as dynamic transactions that involve multiple emotion-related components (e.g., expressive behavior, physiological patterning, action tendencies, goals and motives, social and physical contexts, appraisals and experiential feeling) that change over time as the child matures and in response to changing environmental interactions. To cope with this, we hope that this descriptive study will try to strive, not only to understand and support the development of children, but also to assess child development and to respond to an individual child's needs. Also, we hope that it will continue to be a valuable resource for yet another generation of children and youth.

Keywords: behavioral development, emotional development, childhood, cumulative environmental risks

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1. Introduction

In recent years, the fields of pediatrics, psychology, and neuroscience have made important contributions to understanding how children grow and develop across childhood. The first three years of life are an especially intense period of growth in all areas of a child's development. Some recent studies, including new content supported by this field research has been added to the previous theories to reflect the significance of child development. Specifically, facts about the emotional and behavioral child's changes are presented for each age, and additional information has been distributed across the domains that relate to these facts, including new suggested behaviors for effective parenting.

To a significant extent, emotional development reflects social experience, including the cultural context. Elsewhere, the emotional development should be considered from a bio-ecological framework that regards human beings as dynamic systems embedded within a community context. As for behavioral development, the developmental tasks associated with each stage of development must also be alert to certain child's behaviors in order to determine whether a child is progressing in a way that would be considered typical for a particular age or stage, or whether a factor that may signal some developmental problem(s) or be indicative of trauma exists.

Indeed, although Freud and Piaget were trained in biology, both carefully avoided inclusion of brain development in their theories of psychological development. It is likely that one major impediment to such theorists was an absence of biological data about developmental neuroscience (Segalowitz & Rose-Krasnor, 1992). They argued ideas by saying that the development of structure-function relationships can be examined in three basic ways. First, they can look at the structural development of the nervous system and correlate it with the emergence of specific behaviors. Initially this approach seems ideal, as the development of both the nervous system and behavior is orderly and consistent across individuals. Unfortunately, it is not as simple as it appears. Secondly, they examined morphological and psychological development is to scrutinize behavior and then make inferences about neural maturation. This approach has not been widely used, largely because psychologists most interested in human development have not been very interested in brain function and many behaviors considered important to child development may not be related directly to neural growth. The third way to study neural structure– function relationships is to relate brain malfunction to behavioral disorders. This method, which is prevalent in research dealing with adults, is difficult to apply to the developing brain. The major problem is that the function of a specific neural area may change over time.

As for Goldman (1974), he found that although juvenile rhesus monkeys that had sustained frontal cortex lesions in infancy could solve tasks sensitive to frontal lobe damage in adults, they subsequently lost this ability as they matured. This result can be interpreted as showing that some other structure, probably the striatum, initially controlled the behaviors necessary for the successful performance of the tasks. The key

tasks and indicators listed for each age group may be more observable at certain times and/or in certain individual children. Children engaged by the child welfare system, especially those who have been removed from their birth families, have likely experienced traumatic events in their young lives, thereby impacting their development. A removal leading to the separation of the family, in and of itself, can cause trauma.

According to Samhsa (2014), trauma to a child "*results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being*". Children's relationships, behaviors, and sense of self may all be impacted. Adverse effects of trauma may be immediate or have a delayed onset. Recent revisions to this guide include indicators of trauma for each age and stage in order to support caseworkers in trauma-informed assessments and responses, and to help caregivers understand that some behaviors in children may be a result of trauma.

Thus, it seems important to note that not all children who are involved in or witness traumatic events develop traumatic stress responses. Some children are able to adapt and cope with trauma better than others, especially if intervention (parents, teachers, communities, etc.) is early.

Therefore, we examine in this study three research questions: (1) Shall the emotional and behavioral development of children be the part of modern educational process? Does it ever stop or it continues during the entire life (2) Do some cumulative and stressful risk factors affect/conduct child behavior and emotional (depression) disposition/development? (3) To what extent, if any, are there protective measures that can buffer the effect of cumulative risk factors?

2. Overview on Child Development

According to age group, there are common behaviors that can be expected of children and youth whose developmental progress would be considered typical for each of the age groups. Indeed, behaviors are so divided into five separate domains, or areas of development (Office of Children and Family Services: The Child Development Guide, 2015): physical, emotional, social, mental, and moral. Each area of development includes brief descriptions of common behaviors associated with that area of development, along with suggested caregiver responses that can be used to encourage growth (and, in some cases, monitor typical but sometimes difficult behaviors). Among these fifth area of child development (moral), the last one is not included for children who are younger than one year because they are not able to distinguish between right and wrong until they progress beyond infancy (Allen, 1982).

2.1 Emotional and Behavioral Child Development

Table 1: Noteworthy Markers of Emotional Development in Relation to Social Interaction

Age Period	Regulation/Coping	Expressive Behavior	Relationship Building
Infancy: 0-12 Months	Self-soothing and learning to modulate reactivity.	Behavior synchrony with others in some expressive channels.	Social games and turn taking (e.g., "peek-a-boo").
	Regulation of attention in service of coordinated action.	Increasing discrimination of others' expressions.	Social referencing.
	Reliance on caregivers for supportive "scaffolding" during stressful circumstances.	Increasing expressive responsiveness to stimuli under contingent control.	Socially instrumental signal use (e.g., "fake" crying to get attention).
		Increasing coordination of expressive behaviors with emotion-eliciting circumstances.	
Toddlerhood: 12 months-2,5 years	Emergence of self-awareness and consciousness of own emotional response.	Self-evaluation and self-consciousness evident in expressive behavior accompanying shame, pride, coyness.	Anticipation of different feelings toward different people.
	Irritability due to constraints and limits imposed on expanding autonomy and exploration needs.	Increasing verbal comprehension and production of words for expressive behavior and affective states.	Increasing discrimination of others' emotions and their meaningfulness.
			Early forms of empathy and prosocial action.
Preschool: 2-5 years	Symbolic access facilitates emotion regulation, but symbols can also provoke distress.	Adoption of pretend expressive behavior in play and teasing.	Communication with others elaborates child's understanding of social transactions and expectations for comportment.
	Communication with others extends child's evaluation of and awareness of own feelings and of emotion-eliciting events	Pragmatic awareness that "false" facial expressions can mislead another about one's feelings.	Sympathetic and prosocial behavior toward peers.
			Increasing insight into others' emotions.
Early elementary school: 5-7 years	Self-conscious emotions (e.g., embarrassment) are targeted for regulation.	Adoption of "cool emotional front" with peers.	Increasing coordination of social skills with one's own and others' emotions.
	Seeking support from caregivers still prominent coping strategy, but increasing reliance on situational problem-solving evident.		Early understanding of consensually agreed upon emotion "scripts."
Middle childhood: 7-10 years	Problem-solving preferred coping strategy if control is at least moderate.	Appreciation of norms for expressive behavior, whether genuine or dissembled.	Awareness of multiple emotions toward the same person.
	Distancing strategies used if control is appraised as minimal	Use of expressive behavior to modulate relationship dynamics	Use of multiple time frames and unique personal information about another as aids in

		(e.g., smiling while reproaching a friend).	the development of close friendships.
Preadolescence: 10-13 years	Increasing accuracy in appraisal of realistic control in stressful circumstances.	Distinction made between genuine emotional expression with close friends and managed displays with others.	Increasing social sensitivity and awareness of emotion "scripts" in conjunction with social roles.
	Capable of generating multiple solutions and differentiated strategies for dealing with stress.		
Adolescence: 13- +years	Awareness of one's own emotion cycles (e.g., guilt about feeling angry) facilitates insightful coping.	Skillful adoption of self-presentation strategies for impression management.	Awareness of mutual and reciprocal communication of emotions as affecting quality of relationship.
	Increasing integration of moral character and personal philosophy in dealing with stress and subsequent decisions.		

Source: Author' drawing and creation, 2019. Data from Saarni Report (2000).

A productive way to look at emotional functioning is the degree to which it serves the adaptive and self-efficacious goals of the individual. The construct emotional competence has been proposed as a set of affect-oriented behavioral, cognitive and regulatory skills that emerge over time as a person develops in a social context. Individual factors, such as cognitive development and temperament, do indeed influence the development of emotional competencies; however, the skills of emotional competence are also influenced by past social experience and learning, including an individual's relationship history, as well as the system of beliefs and values in which the person lives.

Thus, we actively create our emotional experience, through the combined influence of our cognitive developmental structures and our social exposure to emotion discourse. Through this process, we learn what it means to feel something and to do something about it.

2.2 Children and Stress
We define the concept "Stress" as a part of everyday life and can affect anyone who feels overwhelmed even children. Prolonged, unreleased stress or sudden, very intense stress can cause physical and emotional illness. Children learn how to cope with stress early in life by watching those around them deal with the pressures of life. We need to identify sources of stress early in children's lives and teach and model healthy coping techniques for children of all ages.

2.2.1 Sources of Children's Stress
We distinguish two sources of children's stress, namely: Family stressors and Outside family stressors.

Current family stressors can be due to the following facts: (i) Birth of a sibling, (ii) Moving, (iii) Death of a family member, (iv) Death of a family pet, (v) Poverty, (vi)

Neglect of abuse, (vii) Divorce of parents, or separation from a parent, (viii) Domestic violence Stressors outside the family can include (Good Health Handbook. Chapter 4: Child Development & Guiding Children's Behavior, 2015):

- Chronic illness or other health issues,
- School,
- Poor quality child care,
- Natural disasters,
- War,
- Violence.

Children's stress may be intensified by more than just what's happening in their own lives. If they hear their parents talking about problems at work, worrying about a relative's illness, or arguing about money they will pick up on these anxieties and start to worry themselves. Parents should be aware of how they discuss such issues when their kids are near. World news or images can also cause stress. Children who see disturbing images on TV or hear talk of natural disasters, war, and terrorism may worry about their own safety and that of the people they love. It's important to talk to kids honestly about what they see and hear, and monitor what they watch on TV so that you can help them understand what's going on.

Thus, some things that aren't a big deal to adults can cause significant stress for children. If this happens, let your kids know that you understand they're stressed and don't dismiss their feelings as inappropriate.

2.2.2 Signs and Symptoms of Stress

We can hold up as an example the followings: (i) Sleep disturbances, (ii) Physical complaints (stomach aches, headaches), (iii) Change in appetite, (iv) Change in speech patterns and abilities.

Younger children may pick up new bad habits like thumb sucking, hair twirling, or nose picking; older kids may begin to lie, bully, or defy authority. A child who is stressed may also have nightmares, difficulty being away from parents and caregivers, overreactions to minor problems, and drastic changes in academic performance.

3. Methodological Strategies

This section gives a brief description of the methodology used to develop the proposed study. With regard to MONONI, everyone can write but all writing is not scientific or academic; writings where academic or scientific work must meet certain recognized academic standards or requirements that are part of the so-called scientific work method.

3.1 Data Collection and Methods of Analysis

We have collected data on the policies, operations, and procedures of the emotional and behavioral development of child in a stressful and risked environment. Several tools have been used, including maintenance, research and document analysis. To realize our

current work, this study used three methods of research, namely: Documentary research for the collection of secondary data and archives housed in national reports. The Analytical method for a discriminatory analysis of the data collected and the provisions relating to the above mentioned problems. The descriptive method will facilitate the inventory of items collected during the above mentioned period.

3.2 Technique
The three methods mentioned above have been supported by the technique of analyzing documents for access to the various sources of information and the necessary data and its analyses to the elaboration of this writing.

4. Main Findings and Discussions

This forth section is based on the presentation of empirical results and their discussions. This was to demonstrate the results from the analysis of the qualitative and description data of the study. These main findings have been done according to the main field of our analysis as announced in the previous sections. As we can see from above, this study aimed to offer this framework in order to establish a logical model of how a child's experiences within the parent-child relationship may lead to the development of an emotionally healthy and productive adult, as well as how those experiences may prevent the development of destructive or socially undesirable patterns of behavior. Thus, to achieve a meaningful and satisfying life, human beings need two primary areas of competence: the ability to form enduring interpersonal relationships and the capacity for productive activity.

Through the different data collected and analyzed, we found that:

4.1 Skills of Emotional and Behavioral Competence
The developmental characteristics that contribute to positive outcomes for youth and adults, even in difficult or "risky" circumstances, are usually evident by the time a child is 10 to 12 years old. These characteristics set the child on a path toward successful or unsuccessful adult outcomes. In such context, we have organized these characteristics into three areas: social, cognitive/language, and behavioral (Dodge, K. A. 1980).
- Social: forming and maintaining interpersonal relationships,
- Cognitive and language: thinking and communicating one's thoughts,
- Behavior: following the rules and expectations of society.

In addition to these three developmental areas, we argued that the over-arching concept of a person's control-related beliefs; that is, beliefs about one's ability to influence or control the events in his or her life. This attitudinal or motivational factor is related both to the development and implementation of social, cognitive, and behavioral skills, as well as a sense of overall personal well-being.

Among all factors that can occur, we have retained the followings:

1) Awareness of one's emotional state, including the possibility that one is experiencing multiple emotions, and at even more mature levels, awareness that one might also not be consciously aware of one's feelings due to unconscious dynamics or selective inattention.

2) Skills in discerning and understanding others' emotions, based on situational and expressive cues that have some degree of consensus as to their emotional meaning.

3) Skill in using the vocabulary of emotion and expression in terms commonly available in one's subculture and at more mature levels to acquire cultural scripts that link emotion with social roles.

4) Capacity for empathic and sympathetic involvement in others' emotional experiences.

5) Skill in realizing that inner emotional state need not correspond to outer expression, both in oneself and in others, and at more mature levels the ability to understand that one's emotional-expressive behavior may impact on another and take this into account in one's self-presentation strategies.

6) Capacity for adaptive coping with aversive or distressing emotions by using self-regulatory strategies that ameliorate the intensity or temporal duration of such emotional states (e.g., "stress hardiness").

7) Awareness that the structure or nature of relationships is in part defined by both the degree of emotional immediacy or genuineness of expressive display and by the degree of reciprocity or symmetry within the relationship; e.g., mature intimacy is in part defined by mutual or reciprocal sharing of genuine emotions, whereas a parent-child relationship may have asymmetric sharing of genuine emotions.

8) Capacity for emotional self-efficacy: The individual views her- or himself as feeling, overall, the way he or she wants to feel. That is, emotional self-efficacy means that one accepts one's emotional experience, whether unique and eccentric or culturally conventional, and this acceptance is in alignment with the individual's beliefs about what constitutes desirable emotional "balance." In essence, one is living in accord with one's personal theory of emotion when one demonstrates emotional self-efficacy that is integrated with one's moral sense.

The development of emotional competence skills is a developmental process such that a particular skill manifests differently at different ages. With young children, emotion knowledge is more concrete, with heightened focus on observable factors. Young children's emotion expression and emotion regulation are less well-developed, requiring more support and reinforcement from the social environment. Elementary school children advance in their ability to offer self-reports of emotions, and to use words to explain emotion-related situations. As children mature, their inferences about what others are feeling integrate not only situational information, but also information regarding prior experiences and history. Older children are also more able to understand and express complex emotions such as pride, shame or embarrassment. By adolescence,

issues of identity, moral character and the combined effects of aspiration and opportunity are more explicitly acknowledged as significant by youth.

The skills of emotional competence do not develop in isolation from each other and their progression is intimately tied to cognitive development. For example, insight into others' emotions grows in interaction with expanding awareness of one's own emotional experience, with one's ability to empathize and with the capacity to understand causes of emotions and their behavioral consequences. Furthermore, as children learn about how and why people act as they do, they grow in their ability to infer what is going on for themselves emotionally.

4.2 Child Development and Stressful/risky Environment

A child who experiences the world as unpredictable, unresponsive and/or hostile must expend a tremendous amount of energy self-managing emotional arousal. Insecure attachment is associated with emotional and social incompetence, particularly in the areas of emotion understanding and regulated anger. Furthermore, perceptions of an indifferent or unfriendly social world influence subsequent emotional responses and interpersonal behavior (Pollak et al. 2000). Ever vigilant for signs of threat, the child may display aggressive or submissive behaviors as a means of self-protection, and such behaviors may place the child at risk for future status as a bully or victim. Cognitive-affective structures associated with maltreatment may promote emotional constriction or peculiar emotional responsiveness, interfering with a child's ability to engage successfully with peers (Pollak, S. D., 2008).

In contrast, the attachment relationship with caregivers remains the initial context in which a child's emotional life unfolds. If the caregivers typically meet the infant's needs, the infant comes to internalize the notion that the world is a safe place and that others are trustworthy and responsive (Denham et al. 2003). The infant is then secure in his or her attachment to the caregiver. The caregiver-child relationship establishes the foundation for the development of emotional skills, and sets the stage for future social relationships. A secure attachment leaves the child free to explore the world and engage with peers. Affirmation that the world is responsive, predictable and reliable aids in the child's developing ability to self-regulate.

According to Denham and her colleagues (Denham et al. 2003), they found that there is a positive association between security of attachment to mothers and security of attachment to teachers. Furthermore, security of attachment to both mother and teacher related positively to emotion understanding and regulated anger.

To cope with this, reform measures are adopted with a view to child development, with special focus on emotional and behavioral security in a stressful environment by improving social interactions, relationships, social support (family, community members, individuals, schools members, etc.) and reducing stresses for all in order to stabilize the living conditions of each youth. This consists of (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health):

- Proper rest and good nutrition can boost coping skills.
- Provide and maintain consistent routines so the child knows what to expect.
- Provide daily opportunities for vigorous exercise. This is a natural stress reducer.
- Build relaxation periods into the routine. Everyone can practice stretching, tensing and relaxing muscle groups, and deep breathing.
- Allow for a natural expression of emotions through talk, play, and art.
- Make time for listening, and providing understanding and caring communication.
- Let children know that it's OK to feel angry, scared, lonely, or anxious and that other people share those feelings.
- Discuss appropriate actions and behaviors people can use when they're afraid, angry, or overwhelmed.
- Teach alternative strategies for destructive or inappropriate behavior.
- Provide children's books as a way to explore and express emotions. Books can help young kids identify with characters in stressful situations and learn how they cope.
- Make time to be silly. Sometimes children feel better when you spend time with them on fun (and silly) activities.

Note that stress is inevitable, but we have the ability to adapt and learn something positive from these situations. Otherwise, there are also further details of children coping everyday with divorce, emergencies, grief and loss, and separation are included below:

4.3 Children and Divorce

Divorce can be a very scary time for children. They will experience a number of changes in their lives. All of these changes can effect a child's physical and emotional growth. As a caregiver, there are ways to help children cope during this time. Recall that Divorce is an adult problem (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health).

Indeed, the child (ren) did not cause the parents to divorce. Children need both parents. Children benefit when both parents play major roles in their lives, except in cases where one parent is abusive or unable to provide proper care and supervision. Consistent routines are developmentally important for all children, but especially young children. Urge parents to try to keep a fairly consistent routine for their children.

4.3.1 Children and Emergencies

Providers should try their best to remain calm during an emergency which is why drills are so important: the more preparation you make for emergencies the better prepared and calmer you will be if there is an actual emergency situation. The mental health impact of children should be considered when covering emergency preparedness. Sometimes adults overlook what a situation can do to the mental health of a child. During an emergency people can become panicked, children are sometimes rearranged, loud sirens or whistles may be going off, and a sense of urgency is in the air. Even the youngest children can notice this stress and the same way adults react negatively to stress so can

children (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health).

Thus, they have to:

- Talk to children about what is going to happen before, during and after a drill- even if the children are very young. Easing their confusion of what is going on will help relax a child during the situation.
- Prepare children for loud noises. Some children react very negatively to loud noises and just need coaching to cover their ears before a siren goes off.
- Try to keep children with the same caregivers during drills and emergencies. Children will be calmer and feel more secure with their primary caregiver.
- Sing or use a quiet voice even during the most hectic times. Children will feed off the provider's mood whether they are flustered or composed.

Note that it's important to prepare children for emergencies, but not frighten them. Children's books are a timeless resource to help guide the discussion.

4.3.2 Children Coping with Grief and Loss

A grief is someone close to us dies, we experience something called grief. Everyone grieves differently. Grief can be feelings: anger, sadness, worry, relief, fear, numbness. Sometimes, grief affects our bodies. We feel sleepy, or have trouble falling asleep. We may not feel like eating. We may have headaches or stomachaches, or we may not feel like doing the things we usually like to do, such as playing or going to school. All of these experiences are normal for grieving kids.

To help a grief child or person, providers must (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health):

- Answer the questions they ask. Even the hard ones.
- Give the child choices whenever possible.
- Talk about and remember the person who died.
- Respect differences in grieving styles.
- Listen without judgment.
- Hold a memorial service and allow for saying goodbye.
- Take a break. Children grieve in cycles. They may be more inclined to play and divert their focus from the death when the death is recent and adults are grieving intensely. Having fun and laughing is not disrespectful to the person who died and is a vital part of grieving too.

For many children, their first real experience with loss occurs when a pet dies. When a pet dies, children need consolation, love, and support more than they need complicated medical explanations. Children's reactions to the death of a pet will depend upon their age and developmental level.

- Children 3 to 5 years of age see death as temporary and potentially reversible.
- Between ages 6 and 8, children begin to develop a more realistic understanding of the nature and consequences of death.

- Generally, it is not until 9 years of age that children fully understand that death is permanent and final.
- For this reason, very young children should be told that when a pet dies:
  - It stops moving
  - It doesn't see or hear anymore
  - It won't get up again.
- They may need to hear this explanation over and over again.

There is no best way for children to mourn their pets. They need to be given time to remember their pets. It helps to talk about the pet with friends and family. Mourning a pet has to be done in a child's own way. After a pet has died, children may want to bury the pet, make a memorial, or have a ceremony. Other children may write poems and stories, or make drawings of the pet.

4.3.3 Separation and Anxiety

This can be a challenging time, but it is the beginning of the period of infant development called "separation anxiety" and is a sign of developmental gains. Facts below explain the different child's reaction about separation anxiety (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health):

- **Infants:** Separation anxiety develops after a child gains an understanding of object permanence. Once an infant realizes you're really gone (when you are), it may lead to crying each time you leave the room. Although some babies display object permanence and separation anxiety as early as 4 to 5 months of age, most develop more serious separation anxiety at around 9 months. The reaction can be worse if an infant is hungry, tired, or not feeling well.
- **Toddlers:** Some toddlers skip separation anxiety in infancy and start demonstrating challenges at 15 or 18 months of age. As children develop independence during toddlerhood, they may become even more aware of separations. Their behaviors at separations will be loud, tearful, and difficult to stop. Separations are more difficult when children are hungry, tired, or sick.
- **Preschoolers:** By the time children are 3 years of age, most understand the effect their anxiety and pleas at separation have on us. It doesn't mean they aren't stressed, but their reaction may be more for the purpose of changing our minds about leaving. Be consistent; don't return or cancel plans based on a child's pleas. Explain where you're going and when you will return, and then return when you say you will.

In such sadness environment, parents can help ease their child's separation anxiety (Chapter 4: Oklahoma State Department of Health, Child Guidance Program (2006). Biting in the Toddler Years, http://www.ok.gov/health):

- Visit the child care program with your child before the first day of care.
- Drop your child off healthy and well-rested.

- Create brief, but loving good-bye rituals, such as a special secret handshake, triple kisses at the cubby, or the "Kissing Hand" ritual.
- Offer a "transitional object": a family photo, blanket, or cuddly toy from home, reminding your child of your love and that you will return.
- Be consistent. Try to do the same drop-off with the same ritual at the same time each day. A routine provides comfort and allows your child to build trust in you.
- When separating, give your child your full attention and be loving and affectionate.
- Never "sneak out" without saying goodbye; this undermines your child's trust and he will always be fearful of you "slipping away" when he is not looking.
- Resist the temptation to come back to check on your child (this can be done with a phone call to your child's teacher).
- Be specific, child style. When you discuss your return, provide specifics that your child understands.
- Avoid sharing your own anxieties over separation with your child. This will only confirm what she already fears.
- Practice being apart. Schedule play dates, allow friends and family to provide child care for you (even for an hour) on the weekend. Before starting child care or preschool, practice your good-bye ritual. Give your child a chance to prepare, experience, and thrive in your absence!

In return, children also have some obligations to fill to make ease separation anxiety of their providers:

- Play separation and return games with infants and toddlers (Peekaboo, where is the baby?)
- When parents have completed their good-bye ritual let the child know you are there and it is ok to feel sad or to cry. Remind the child when the parent will return.
- After the parent leaves invite the child to participate in a favorite activity.
- Offer comfort during the day and positive encouragement for participation in activities.
- Repeat familiar nap or mealtime routines from home.

Note that if a child's anxiety worsens despite using the above techniques, or lasts for more than four weeks, and the child is unable to do anything without the parent or primary caregiver, talk with the family about professional intervention. Children are identified as having separation anxiety disorder, a much less common mental health condition, when they experience developmentally inappropriate distress, or excessive anxiety around separation for at least four weeks.

Thus, intervention and communication are necessary for these children and there are treatments that will spare them a great deal of distress as they grow. The daily interactions we have with children set the tone for the kind of relationship we have with them. Language that helps children feel safe and supported promotes positive emotional growth and development.

4.4 Positive Development and Emotional Competence

Note that competent children and youth do not experience lives free of problems, but they are equipped with both individual and environmental assets that help them cope with a variety of life events. The skills of emotional competence are one set of resources that young people bring to life's diverse challenges. As with development in other domains, mastery of early skills related to emotional development, such as affective regulation, impacts a child's ability to navigate future developmental challenges (Saarni, C. 2011).

5. Conclusion and Recommendations

5.1 Summary of the Study

This fifth and last section summarizes the approach used in this research and gives the conclusion on the one hand. The current study used the approach that combined qualitative methods composed of documentary research, descriptive and analytic methods. These methods were supported by document analysis techniques. Otherwise, this work has been divided into five essential points. The dissertation likes at contributing to this growing area of research by providing empirical evidence regarding the emotional and behavioral development of child in a cumulative environmental risks. The results of this study showed that the various measures suggested by the researcher have had little progress on the one hand, and on the other, this paper underlined above the main limitations that conducted this work.

5.2 Recommendations

At the end of our analysis, it is found some remarkable facts attesting that there is factors that cannot facilitate a complete child development, because of environment risky and daily changes influence. To cope with this, reform measures have been adopted with a view to the improvement of the child well-being and social interactions. To do so, we are suggesting that:

- Strengths in the area of emotional competence may help children and adolescents cope effectively in particular circumstances, while also promoting characteristics associated with positive developmental outcomes, including feelings of self-efficacy, prosocial behavior and supportive relationships with family and peers.
- Emotional competence may serve as a protective factor that diminishes the impact of a range of risk factors.

Furthermore, this research has isolated individual attributes that may exert a protective influence, several of which reflect core elements of emotional competence, including skills related to reading interpersonal cues, solving problems, executing goal-oriented behavior in interpersonal situations, and considering behavioral options from both an instrumental and an affective standpoint (Shields, A. et al., 2001).

Conflict of Interest Statement

The author declares no conflicts of interests.

About the Author

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